

**Kansas Department of Social and Rehabilitation Services  
Gary Daniels, Secretary**

**Kansas Health Policy Authority  
September 19, 2006**

**Significant Budget/Policy Items for SRS and KHPA Collaboration**

**Chairwoman Hubbell and Members of the Health Policy Authority:**

**My name is Kyle Kessler. I am the Deputy Secretary for Public and Governmental Services at SRS. SRS has identified three significant items in our budget that we look forward to working with the Authority on. Those items are as follows:**

**Autism Initiative**

**SRS has begun an initiative to identify and propose providing needed services to young children with autism spectrum disorders and their families. Recently, the Secretary held three forums across the state under the sponsorship of the Governor's Autism Commission to hear directly from families of children with autism what they and their children need most. These are services for young children with autism spectrum disorders who cannot receive the services they need from any other existing program. SRS has met with families of these children and has identified the need to provide them with respite care, parent support and training, attendant care, social skills development, therapeutic day care, and case management. These services will be specifically designed to meet the unique needs of children with autism spectrum disorders and their families. SRS will be working with KHPA to establish the best route to access medicaid funded services, whether it be through a waiver or possibly the Deficit Reduction Act (DRA).**

**The prevalence of autism spectrum disorders has grown significantly in recent years greatly increasing these families' need for effective and available support. Failure to provide this support will result in the children not achieving their full potential in the developmental years and a serious and profound drain on the families' ability to sustain the supports needed to care for their children. Furthermore, a potential benefit of these services is that many persons in this population could avoid being dependent on social services or special education services later in life, providing a greater quality of life to them and their families as well as a significant cost savings to the State.**

**Money Follows the Person**

**The recently passed DRA provides for several opportunities for SRS Medicaid funded programs. One of these opportunities is more federal**

**funding for “Money Follows the Person.” This is an initiative similar to what Kansas currently does with nursing facilities in which funds used to support a person in a nursing home can go with that person to purchase community-based services if they choose to move back to their home and community. In response to the DRA, CMS has issued an RFP for grant funds related to “Money Follows the Person” initiatives. CMS will be publishing new rules next year based on authorization contained in the DRA that allow services currently provided through Medicaid home and community-based services waivers to be provided instead through the regular Medicaid state plan. SRS will closely evaluate this new opportunity once the rules are available and will be working with the Department on Aging as well as KHPA as the Authority must approve and make the final application to CMS.**

#### **State Plan and Waivers**

**KHPA, on SRS’ behalf, submitted on June 28, 2006, two sets of formal State Plan Amendment requests that exhaustively addressed all the Center for Medicare and Medicaid Services’ concerns regarding mental health/substance abuse and EPSDT services in the rehabilitation section of the state plan; all other practitioner services related to clinical outpatient services; Private Psychiatric Rehabilitation Treatment Facility services for youth with significant psychiatric treatment needs; and all related reimbursement methodologies. Also submitted were an application to amend Kansas’ existing HCBC (1915[c]) waiver for services to children with Serious Emotional Disturbance (SED) and an application for a selective services contracting, prepaid ambulatory health plan, and prepaid inpatient health plan (1915[b]/[c]) waiver for all Medicaid funded mental health/behavioral health/substance abuse services. We have appreciated KHPA’s role as a partner with us in this work and look forward to implementing the components of these amendments upon approval of CMS.**